

2001 UNIFORM BUSINESS REPORT (UBR)

000070 AF

DOCUMENT # A32411

1. Entity Name
WBMC INVESTORS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 FEB 16 PM 1:16

Principal Place of Business
**222 LAKEVIEW AVE., 17TH FLOOR
WEST PALM BEACH FL 33401**

Mailing Address
**222 LAKEVIEW AVE., 17TH FLOOR
WEST PALM BEACH FL 33401**



DO NOT WRITE IN THIS SPACE **MJH**

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0728524		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
REGSERV CORP. 222 LAKEVIEW AVE., 17TH FLOOR WEST PALM BEACH FL 33401				REGSERV CORP. Gardens Corporate Center 3801 PGA Boulevard, Suite 555 Palm Beach Gardens, FL 33410			
				FL Zip Code			

By: Lawrence B. Juran, President its registered office or registered agent, or both, in the State of Florida.

DATE: 1/23/01

OTE: Registered Agent signature required when reinstating

9. Capital Contributions as Shown on record. **\$1,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	V01284 WBMC EQUITY CORPORATION 222 LAKEVIEW AVE., 17TH FLOOR WEST PALM BEACH FL 33401	STREET ADDRESS CITY-ST-ZIP	Gardens Corporate Center 3801 PGA Boulevard, Suite 555 Palm Beach Gardens, FL 33410
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Patrick J. DiSalvo **SIGNATURE REQUIRED** **Patrick J. DiSalvo** 1/30/01 (561) 20-5055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Vice President Date Daytime Phone #

CP2E003 (11/00)